

Capricorn Citizen Advocacy

COMPLAINT RECORD FORM

Form Number:	5.0.1.1	Approved by Management Committee:	19 th January 2016
Version:	2.0	Signed off by Executive:	19 th January 2016
Responsible person:	Coordinator	Scheduled Review Date:	19 th January 2016

DATE & TIME COMPLAINT RECEIVED: / / @ . am/pm

HOW COMPLAINT RECEIVED: Note Name & Role of Persons involved.

In person (from _____ to _____)

Phone (from _____ to _____)

Written (from _____ to _____)

COMPLAINANT'S DETAILS:

Name: _____

Address: _____

Phone: _____

Email address: _____

DETAILS OF COMPLAINT: (attach additional information if required)

Date: _____ Time: _____ Location: _____

Names: _____

Nature of Complaint:

Action taken by complainant at the time:

Further Details:

COMPLAINANT'S PREFERRED OUTCOME:

RESPONDENT'S DETAILS:

Name: _____

Address: _____

Phone: _____

Email address: _____

Has respondent been provided with details of the complaint? Yes No

RESPONDENT'S RESPONSE TO COMPLAINT:

ACTION TAKEN BY CCA:

ACTUAL OUTCOME OF COMPLAINT:

COMPLAINANT'S STATEMENT

I _____ am / am not (circle appropriate response) satisfied with the way in which my complaint has been addressed and the outcome that has been achieved.

Signed: _____ Date: _____

Witness: _____ Date: _____

This record or complaint will be kept in a confidential complaint file at the office of Capricorn Citizen Advocacy and a full copy of this record of complaint will be given to the complainant and respondent.

PERSON RESPONSIBLE FOR COMPLAINT PROCESS:

_____ Date: _____

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